DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3/30 COURT HOUSE ORIVE
ELLICOTT CITY, NO 21003
PERMITS (410) 313-3451 NSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-38800

T:Norms\PERMIT.FRM

HOWARD COUNTY

PERMIT NUMBER

Rev. 11/4//04

		PPLICATION BOT	1001592	
Building Address 2055 Wa-	thins Way	Property Owner's Name Jame S	; Hit	12
Mt. Airy MD 21771		Address no. 7		
Suite/Apt. #: SDP/WP/Petition #:		Address 2053 Watkins Way		
Census Tract Subdivision		City Mt. Airy State MD Zip Code 21771		
		Home Phone (416)795 047 4Work Phone (410) 591 4873		
SectionAreaLot		Applicant's Name & Mailing Address, (if other than stated hereon):		
Tax Map1 2 Parcel5 Grid				
Zoning Map Coordinates Lot size		Phone Fax		
Proposed Use SANG LU APAGE (ROUND POOL Estimated Construction Cost \$		Contractor Company CROWN POOLS Contact Person		
Description of Work IN 23 APONE GROUND		Address		
HET POOL WIS PROMENADE AROUND				
9 5 G DECK ON ONE SIDE		City State Zip Code		
1 9 Decre ON ONE SIDE		License NoFax		
Occupant or Tenant JAMES HILTZ		Engineer or Architect Company		
Contact Name ANGELA HILTZ		Contact Person		
Address 2055 WARKING WAY				
City Mt A'Ry State MD Zip Code 21771		Address		
City 114- An IEC State	rii, Zip Code 👧 / / / /	CityStateZip Code		
Phone 410 795047 Fax 410 795 7432				
		Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	<u>Utilities</u>	Building Characteristics	\\\\ \\\\ \C.	<u>Utilities</u>
Height:	Water Supply: Public	SF Dwelling SF Townhouse Depth Width	Depth Width Public	
No. of stories:	Private Sewage Disposal:	1st floor: 2nd floor:	Sewage I	
Gross area, sq. ft. per floor: Public Private Basement:			Public Private	
		Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ Electric Yes □ No □		Yes □ No □
Use group:	Electric Yes □ No □ No. of Bedrooms Gas Yes □ No □ Height:		Gas Yes □ No □	
	Heating System:	Multi-family dwellings: No. of efficiency units: No. of 1 BR units: Electric Oil		
Construction type: Reinforced Concrete	Electric	No. of 2 BR units: Natural Gas □		Gas □
Structural Steel	Propane Gas	No. of 3 BR units:	_ Propane	Gas □
Masonry Wood Frame	Sprinkler system: N/A □	Other Structure: Dimensions:	– NI	r system: N/A □ FPA#13D
	—— Full Partial	Footings: NFPA #13R Roof Height: Other:		
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE	(1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APP	PLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT		
THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF				
Applicant's Signature		Print Name		
Title/Company	** PLEASE WRITE NE	Date F Finance of Howard County Eatly and Legibly. ** Ce use only-		an and a single and the same
AGENCY DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION		PROPERTY ID#:
Land Development, DPZ State Highways		Front:	Filing fee Permit fee	\$ \$
		Rear:Side:	Excise tax	\$
Dev. Engineering, DPZ,		Side St.:	Add'I per. fee	\$
		All minimum setbacks met? YES D NO D	TOTAL FEES	\$
Is Sediment Control approval required prior to issuance?		YES LI NO LI Is Entrance Permit required?	Sub-total paid Balance due	\$ \$
YES D NO D		YES D NO D	Check	#
CONTINGENCY CONSTRUCTION START:		Historic District?	Validation	*
ONE STOP SHOP:		Lot Coverage for NewTown Zone	Name and Address of the Owner, when the Control of the Owner, when the Control of the Owner, when the Owner, which is	
Distribution of Copies- White: Building Official Green: LDD, DPZ		SDP/Red-line approval date Accepted by Yellow: DED, DPZ Pink: Health Gold: SHA		
Distribution of Copies- White: Building	Official Green: LDD, DPZ	Yellow: DED, DPZ Pink: Heal	un Gold:	SHA

